## Notice of the Filing of a Labor Condition Application with the Employment and Training Administration

- 1. An H-1B nonimmigrant worker is being sought by BDO USA, P.C. through the filing of a Labor Condition Application with the Employment and Training Administration of the U.S. Department of Labor.
- 2. One (1) such worker is being sought.
- 3. This worker is being sought in the occupational classification of Accountants and Auditors.
- 4. The wage offered is \$120,000 per year.
- 5. The period of employment for which this worker is sought is 05/27/2025 to 05/26/2028.
- 6. The employment will occur in 515 East Las Olas Blvd, Fort Lauderdale, FL 33301.
- 7. The Labor Condition Application is available for public inspection at the offices of BDO USA, P.C.

Complaints alleging misrepresentation of material facts in the labor condition application and/or failure to comply with the terms of the labor condition application may be filed with any office of the Wage and Hour Division of the United States Department of Labor.

## NOTICE:

Notice of filing of the LCA has been provided to the bargaining representative of the employer's employees in the occupational classification; or, if there is no bargaining representative, employer has posted notice of this filing in two conspicuous locations in the employer's establishment.

| A. | Notice to bargaining representative (copy attached). |      |     |    |  |
|----|--|------|-----|----|--|
|    | Name of organization                                 |      | N/A |    |  |
|    | Date notice furnished                                |      | N/A |    |  |
|    |  |      | OR  |    |  |
| B. | Posting on job premises (copy attached).             |      |     |    |  |
|    | First location of posting                            |      |     |    |  |
|    | Second location of posting                           |      |     |    |  |
|    | Dates of posting:                                    | from | to  |    |  |
|    |  |      | OR  |    |  |
| C. | Electronic posting (copy attached).                  |      |     |    |  |
|    | Form of electronic posting                           |      |     |    |  |
|    | Date of posting:                                     | fro  | om  | to |  |

Signature

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